

#4

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/863,575	
	Filing Date	05/23/2001	
	First Named Inventor	Lee et al.	
	Group Art Unit	RECEIVED	
	Examiner Name	MAR 05 2003	
Total Number of Pages in This Submission	4	Attorney Docket Number	Technology Center 2600

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Withdrawal as Attorney
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual name	John V. Biernacki	RECEIVED
Signature	<i>John Biernacki</i>	MAR 12 2003
Date	Feb. 25, 2003	DIRECTOR'S OFFICE TECHNOLOGY CENTER 2600

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 02/25/2003			
Typed or printed name	Kathie J. Kopczyk		
Signature	<i>Kathie J. Kopczyk</i>	Date	February 25, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/863,575
Filing Date	May 23, 2001
First Named Inventor	Lee et al.
Group Art Unit	
Examiner Name	
Attorney Docket Number	

RECEIVEDTo: Assistant Commissioner for Patents
Washington, DC 20231

MAR 05 2003

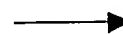
I hereby apply to withdraw as attorney or agent for the above identified patent application **Technology Center 2600**

The reasons for this request are:

The client has failed to pay one or more bills rendered by the practitioner for an unreasonable period of time.

The undersigned attorney of record has previously notified the applicant of this request, and will do so again by copy of this form.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS☐ Customer NumberPlace Customer Number
Bar Code Label here

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Brian T. McGee, C.A.			
Address	Zeifman & Company, LLP			
Address	Chartered Accountants, 201 Bridgeland Avenue			
City	Toronto	State		ZIP M6A 1Y7
Country	Canada			
Telephone		Fax		

- ☒ This request is made on behalf of myself and
- ☒ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached **RECEIVED**
 - ☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

MAR 12 2003

Name	John V. Biernacki	DIRECTOR'S OFFICE TECHNOLOGY CENTER 2600
Signature	<i>John Biernacki</i>	
Date	Feb. 25, 2003	

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.